

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

40901

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Research Hospital)

Registration District No. 382
Primary Registration District No. 1004

File No. 119
Registered No. 119
St. 15 Ward

2. FULL NAME DeBrayton Jones

(a) Residence. No. 2415 east 75th. st. St. 15 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mrs. Mayme Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 9, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

2

26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grain Broker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) New York

10. NAME OF FATHER John Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Maria Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) New York

14. INFORMANT Mrs. Mayme Jones

(Address) 2415 east 75th. st.

15. FILED 178 31 M. M. Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5th. 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 9
1931, to Dec 5, 1931.

that I last saw him alive on Dec 5, 1931, and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial insufficiency
myocarditis
sclerosis of coronary artery
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic nephritis (glomerular)
hypertension (duration) 15-20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH French Polynesia

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Dr. J. B. Bledsoe

M. D.

Dec 5, 1931 (Address) 1019 1/2 E. 3rd St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Mt. Moriah

DATE OF BURIAL

12-8-31

20. UNDERTAKER

Freeman Mortuary

ADDRESS

K.C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Pr. 1/3

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